Sample Evaluation

Training Date:_____

Training Location:_____

Trainer Name:_____

Presentation

How satisfied were you with the overall presentation today (including speaker's style, speaker's inclusion of participants' concern and information, handouts, and visuals)?

Not at all Somewhat	*Not at all Mostly*	*Only a little Mostly*	*Only a little Extremely*	*Somewhat Extremely*
(1)	**(2)**	**(3)**	**(4)**	**(5)**

Please specify the strengths and weaknesses of the presentations:

_____
_____
_____
_____

Content

How satisfied were you with the overall content today (including speakers knowledge base, relevance and timeliness of content)?

Not at all Somewhat	*Not at all Mostly*	*Only a little Mostly*	*Only a little Extremely*	*Somewhat Extremely*
(1)	**(2)**	**(3)**	**(4)**	**(5)**

Please specify the strengths and weaknesses of the content:

_____
_____
_____
_____

Applicability

Do you believe you received enough information to apply the content covered today in your workplace?

No	*Probably not*	*Somewhat*	*Probably*	*Definitely*
(1)	**(2)**	**(3)**	**(4)**	**(5)**

Please specify the strengths and weaknesses of the applicability of information presented:

_____
_____
_____
_____

Other comments:

_____
_____
_____

Please check all that apply to you:

Administrator	Mid-management	Staff	State	Advocate	Consumer

Agency Name: _____

Agency Type: _____